



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Timothy J. Nichols Examiner: Unknown/Unassigned
Serial No. 09/431,881 Group Art Unit: 2766
Filing Date: November 2, 1999 Docket No.: P-8560.00
Title: Method and Apparatus to Secure Data Transfer From Medical Device Systems

Assistant Commissioner of Patents
Office of Initial Patent Examination
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Washington, D.C. 20231

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Please direct any response or inquiry to the below signed attorney. Examiner is encouraged to call the undersigned counsel to facilitate resolve to this inquiry.

Dated: 12/06/99

Respectfully submitted,

By: Girma Wolde-Michael
Girma Wolde-Michael
Registration No. 36,724
MEDTRONIC, INC.
7000 Central Avenue NE
Minneapolis, MN 55432
Telephone: (612) 514-6402
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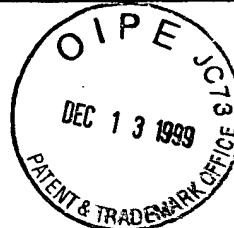
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/431,881	11/02/99	2766	\$2,188.00	IP-8560.00	8	69	10

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7000 CENTRAL NE
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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) TIMOTHY J. NICHOLS, LINO LAKES, MN.

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TITLE
METHOD AND APPARATUS TO SECURE DATA TRANSFER FROM MEDICAL DEVICE SYSTEMS

PRELIMINARY CLASS: 380

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LAW DEPARTMENT
MEDTRONIC INC.

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DATA ENTRY BY: RORIE, DEANNA

TEAM: 03 DATE: 11/17/99



(See reverse for new important information)



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From: Dora Stroud, Supervisor
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Subject: Customer Requests

Serial Number: 09/431881

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Your cooperation is greatly appreciated.

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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/431,881	11/02/99	380	2766	P-8560.00

APPLICANT **TIMOTHY J. NICHOLS, LINO LAKES, MN.**

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CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/17/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 8	TOTAL CLAIMS 69	INDEPENDENT CLAIMS 10
Verified and Acknowledged Examiner's Initials _____	Initials _____				

ADDRESS
MEDTRONIC INC
7000 CENTRAL NE
MINNEAPOLIS MN 55432

TITLE
METHOD AND APPARATUS TO SECURE DATA TRANSFER FROM MEDICAL DEVICE SYSTEMS

FILING FEE RECEIVED \$2,188	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TRANSMITTAL

In re Application of: Timonth J. Nichols
 For: Method and Apparatus to Secure Data Transfer From Medical Device Systems
 Serial No.: 09/431,881
 Filed: November 2, 1999

CERTIFICATE OF MAILING UNDER 37 CFR 1.8: I hereby certify that this TRANSMITTAL and the paper(s), as described herein, are being deposited in the U.S. Postal Service, as first class mail, addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231 on this 7th of December, 1999.


 Signature
 Karen L. Hoffman

Printed Name

Assistant Commissioner of Patents
 Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

Transmittal
 Request for Amendment of Filing Receipt
 Return Postcard

— Applicant hereby petitions for a 0 month(s) extension of time. If an additional extension of time is required, please consider this a petition therefor.

Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked on this Transmittal with regard to this filing. A duplicate of this transmittal is enclosed.

Applicant believes that a 0 month extension of term is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time.

12/06/99
 Dated


 Girma Wolde-Michael
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